

OUTCOMES, ACCESS, AND COST THE CHIROPRACTIC ANSWER: COPAY PARITY

NC CHIROPRACTIC ASSOCIATION

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WHY SHOULD SHP CHIROPRACTIC CO-PAYS BE LOWERED?

- Chiropractic Care is safe, non-drug, non-surgery care for patients, provided by Doctors of Chiropractic who are licensed by the state of NC.
- Chiropractic Care is cost-effective compared to standard medical care for selected conditions.
- Chiropractic care, when properly incentivized by lower chiropractic co-pays can potentially save patients and employers money, increase patient choice and provide relief to medical primary care offices.

CHIROPRACTIC OVERVIEW

- Primary portal of entry into the health care system
- Authority to examine, diagnosis, treat, manage, reassess and refer by the NC Board of Chiropractic Examiners
- Chiropractors primarily treat spine related complaints such as low back and neck pain

WHY COPAY PARITY?

- Patients deserve choice of provider for back and neck conditions.
- The legislature passed a non-discrimination statute (90-157.1 Free Choice by Patient Guaranteed) to ensure that patients had their choice of providers.
- Currently, chiropractic copays are not consistent with the spirit and intent of that law.

EXAMPLE OF A PLAN WITH PCP \$30 COPAY VS. DC (SPECIALIST) \$70 COPAY

Identical Back Patient	Primary Care Physician Visit	Doctor of Chiropractic Visit
Total Cost of Visit	\$128	\$68
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RELIEF FOR THE PRIMARY CARE SYSTEM

- Patient choice with chiropractic copay parity will allow patients to choose a doctor of chiropractic without penalty of higher copays, and will open up capacity in primary care offices.

CHIROPRACTIC CO-PAY PARITY

- Copay parity would prohibit health plans from requiring that consumers pay a higher co-pay for chiropractic visits when compared to a PCP visit for a comparable condition
- Copay parity does NOT mandate chiropractic or PCP co-pay amounts

SOUTH DAKOTA LANGUAGE

HB 1146

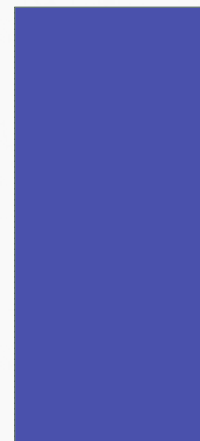
- "No health insurer may impose any copayment or coinsurance amount on an insured for services rendered by a doctor of chiropractic licensed pursuant to chapter 36-5 that is greater than the copayment or coinsurance amount imposed on the insured for the services of a primary care physician or practitioner for the same or a similar diagnosed condition even if a different nomenclature is used to describe a condition."

NORTH CAROLINA SB 561

- 5 SECTION 1. G.S. 58-50-30(a3) reads as rewritten:
- 6 "(a3) Whenever any health benefit plan, subscriber contract, or policy of insurance issued
- 7 by a health maintenance organization, hospital or medical service corporation, or insurer
- 8 governed by Articles 1 through 67 of this Chapter provides coverage for medically necessary
- 9 treatment, the insurer shall not impose any limitation on treatment or levels of coverage if
- 10 performed by a duly licensed chiropractor acting within the scope of the chiropractor's practice
- 11 as defined in G.S. 90-151 unless a comparable limitation is imposed on the medically necessary
- 12 treatment if performed or authorized by any other duly licensed physician. An insurer shall not
- 13 impose as a limitation on treatment or level of coverage a co-payment amount charged to the
- 14 insured for chiropractic services that is higher than the co-payment amount charged to the
- 15 insured for the services of a duly licensed primary care physician for a comparable medically
- 16 necessary treatment or condition."

JOEL STEVANS, DC

POST DOCTORAL FELLOW
SCHOOL OF HEALTH & REHABILITATION SCIENCES
UNIVERSITY OF PITTSBURGH



BACK PAIN - KEY STATISTICS

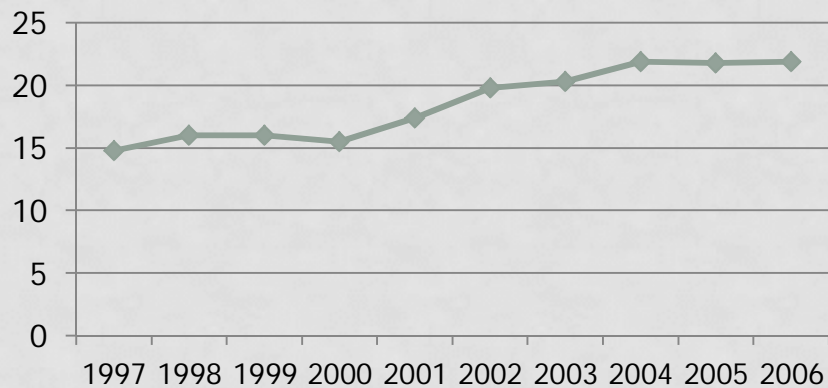
- Low back pain is ubiquitous
 - 80% will experience it in their lifetime
 - 40% will experience it annually
 - 14% will seek treatment annually
- \$90 billion annually in direct medical cost
 - 2nd leading symptomatic reason for physician visits
 - Most common reason for visits to orthopedic surgeons and neurosurgeons
 - 3rd most common reason to undergo surgery
 - 5th most frequent cause of hospitalization
- \$50 billion annually in absentee, disability, and lost productivity
 - Most common cause of lost work productivity
 - 2nd leading cause of lost work time (1st common cold)
 - Most frequent reason for disability among working adults

KEY CONCERN IN HEALTH BENEFIT PLANS

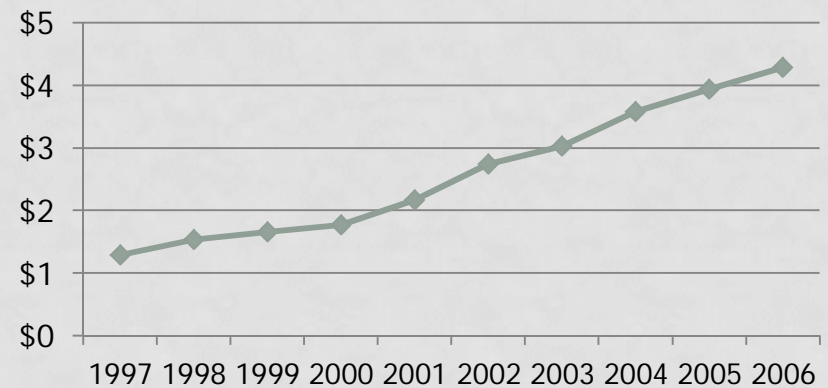
- OptumHealth, a United Healthcare company, reports:
 - Orthopedic problems are the most costly condition category
 - Spine problems account for 46% of these costs
- Blue Shield of CA reports back problems are third highest by allowed costs
- UPMC Health Plan reports that only cancer and cardiovascular conditions cost more than back pain

BACK PAIN – COST DRIVERS

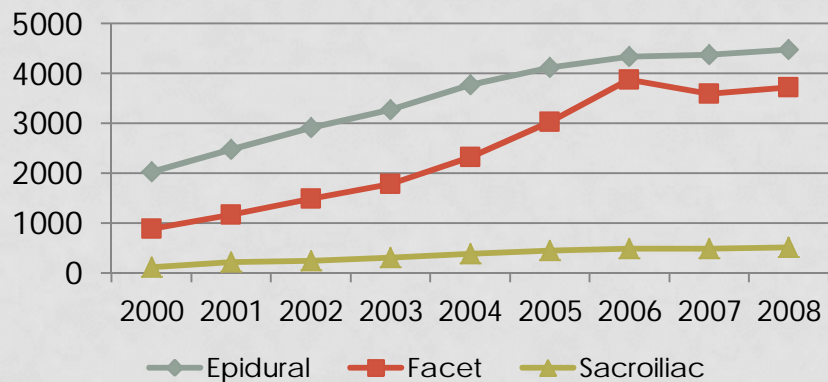
Prevalence (Millions)



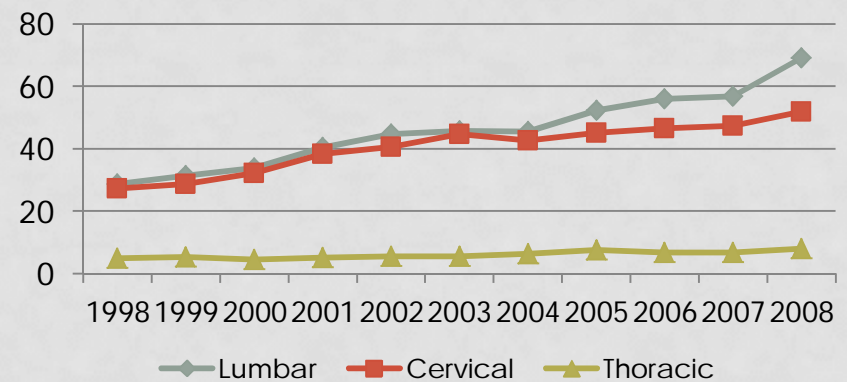
Pharmacy Expenditures (Billions)



Spine Injection Rates per 100,000



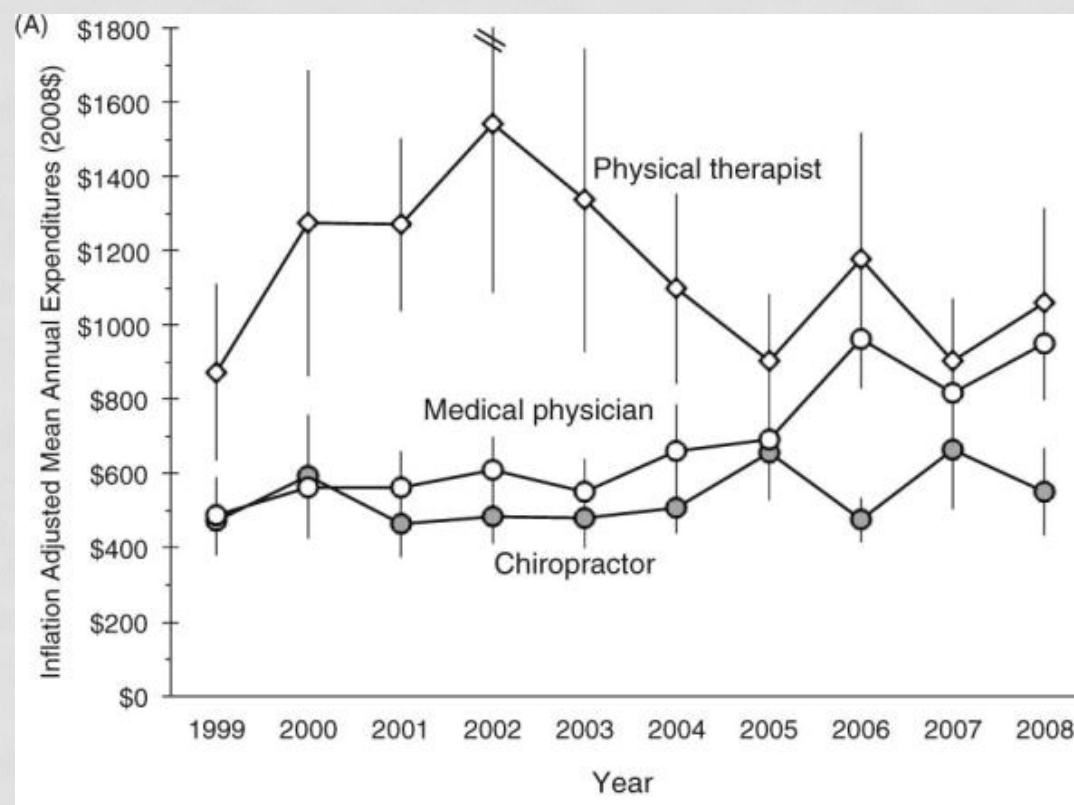
Spine Fusion Surgery Rates per 100,000



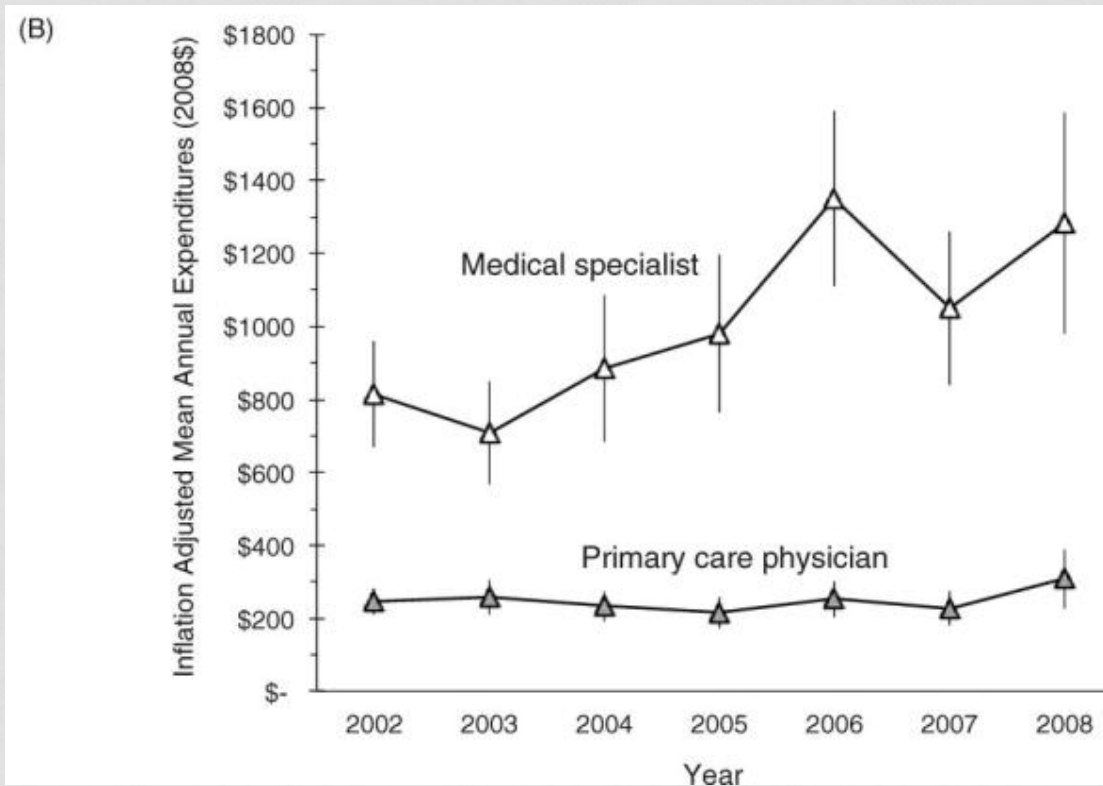
EVIDENCE BASED LBP GUIDELINES

	Acute & Sub Acute	Chronic
Primary Spine Care	Patient Education Nonnarcotic Analgesic NSAIDS Spinal Manipulation	Patient Education Nonnarcotic Analgesic NSAIDS Short-term Opioids Spinal Manipulation Back exercises
Specialty Spine Care	Spine Injections Surgery	Behavioral therapy Multidisciplinary Rehabilitation Spine Injections Surgery

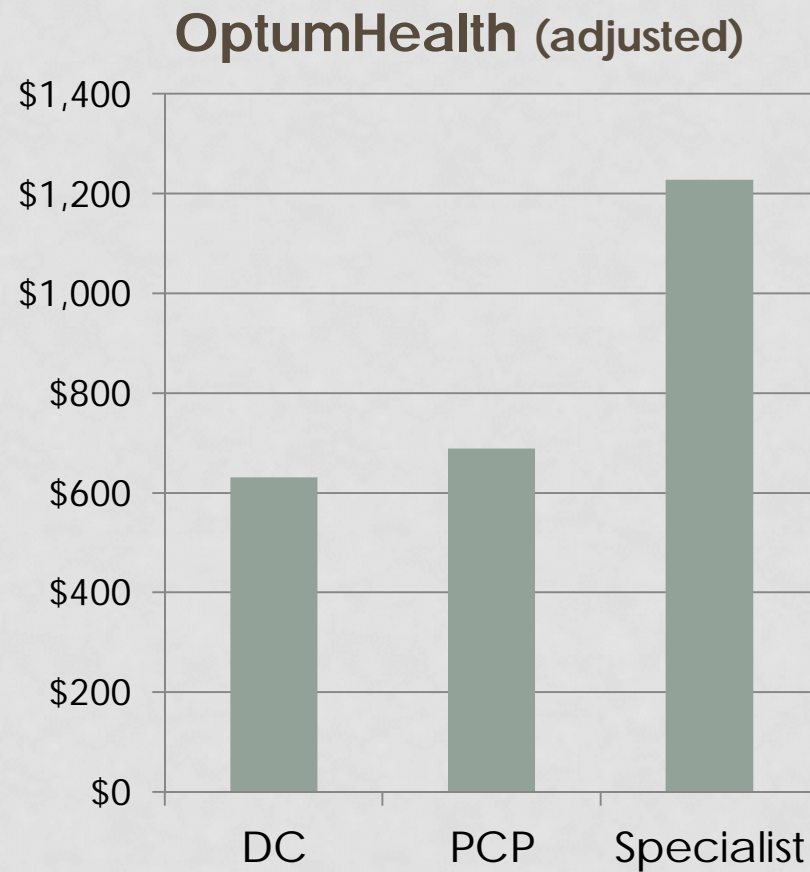
AMBULATORY EXPENDITURES BY PROVIDER TYPE



AMBULATORY EXPENDITURES PCP VS SPECIALIST



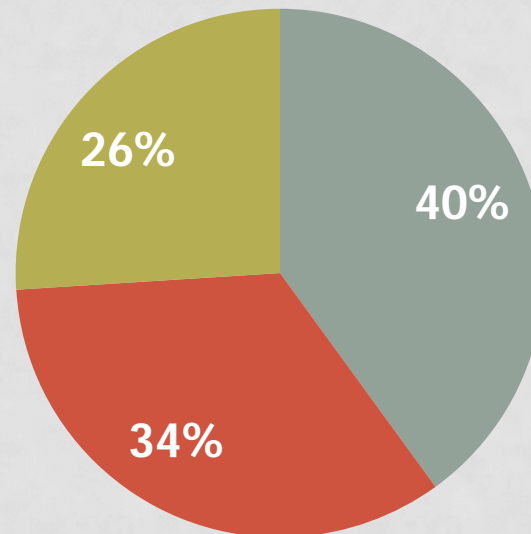
EPISODE COSTS FOR NON-SURGICAL BACK PAIN



SPREADING THE WORK LOAD

Distribution of Portal of Entry Provider for Back Problems

(1.5 million episodes)



■ Chiropractor ■ Primary Care Physician ■ Medical Specialist

ALIGNING EVIDENCE & POLICY

- UPMC Insurance Services Division policy for Surgical Management of Low Back Pain
- “Spinal surgery will be considered medically necessary...when members have failed conservative management...”
- Conservative Management includes the following:
 1. Non-Pharmacologic Therapy
 2. Pharmacologic Therapy
 3. Early referral to chiropractor or physical therapist

WHY IS COST SHARING IMPORTANT?

- Cost sharing decreases necessary & unnecessary services
- Increasing cost-sharing for some, but not all, services could cause people to substitute more expensive forms of care
- Responses to cost-sharing may differ by income even among groups that are not low-income
- People in poor health or with chronic conditions may be more sensitive to cost-sharing than healthy people

COST SHARING RESTRICTS CHIROPRACTIC ACCESS

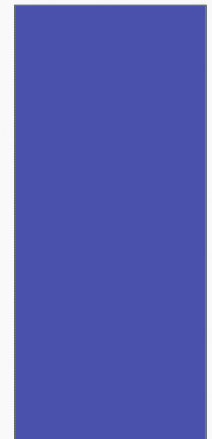
- Randomized controlled trial to evaluate effects of cost sharing on health care quality & costs
- Families assigned different benefit designs & levels of cost sharing (e.g., 25%, 50% coinsurance)
- The odds of accessing chiropractic providers were 71% lower at 25% coinsurance compared to free care
- Conclusion: chiropractic care is very sensitive to cost sharing...more than overall and other outpatient expenses

BENEFIT SILOS VERSUS THE TRIPLE AIM

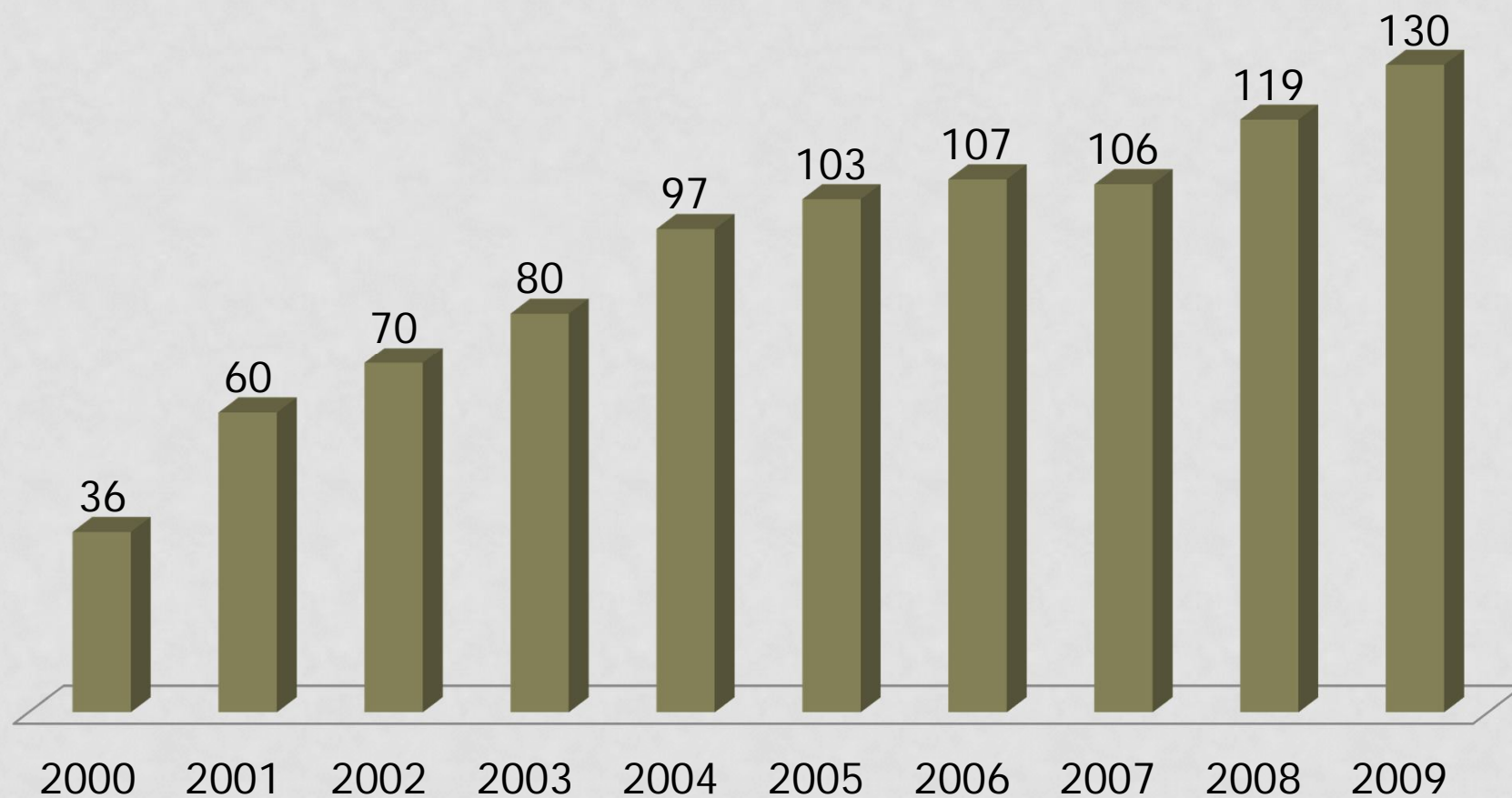
- If the goal is to arbitrarily suppress utilization within the chiropractic “benefit silo” high copays are an effective tactic
- If the goal is achieving the Triple Aim - improved access, quality & population health at lower per capita costs:
 - High chiropractic copays are detrimental to achieving these goals
 - Chiropractors have the authority to act as portal of entry health care providers
 - Chiropractors provide evidence based primary care for spine patients

SHAWN PHELAN, DC, FICC

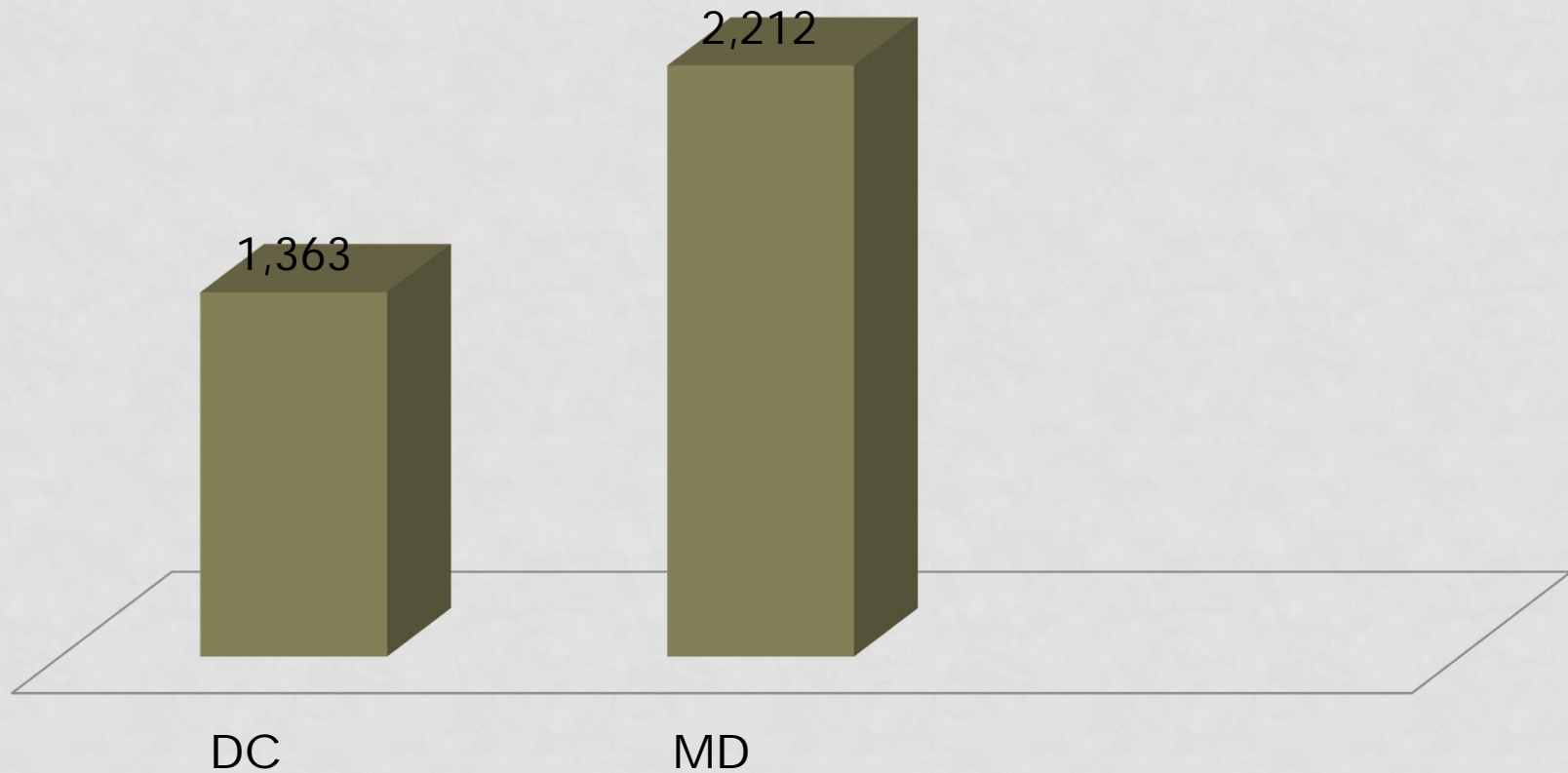
PRINCIPAL INVESTIGATOR:
RETROSPECTIVE ANALYSIS OF INSURANCE CLOSED CLAIMS



TOTAL SHP CHARGES: 2000-2009 FOR LOW BACK PAIN (MILLIONS)

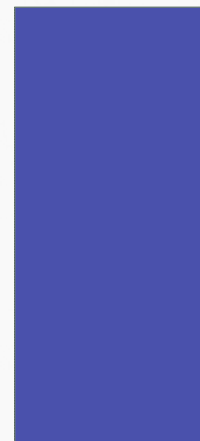


AVERAGE TOTAL *PER PATIENT* SHP
CHARGES: 2009
UNCOMPLICATED LOW BACK PAIN



GENE LEWIS, DC, MPH

A PRACTITIONER'S PERSPECTIVE



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COPAY PARITY PROJECTION

- Copay parity has been projected by The Segal Company to increase chiropractic benefit costs.
- HOWEVER this increase can be offset by:
 - Less opioid use
 - Fewer MRIs
 - Reduced emergency room visits
 - Decreased non-surgical hospitalizations or spine surgeries

... When patients have real choice of provider with chiropractic copay parity.